06/28/2011 13:02

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE PO Box 70980 ADDRESS (number and street) Check if different than previously DC 20024 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00394163 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2008 05 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. John Richardson Type or Print Name of Treasurer John Richardson Electronically Filed by 06 28 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name
PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

-	COLUMN A This Period					
i. (a) Cash on Hand January 1 2008 Y Y Y		190176.06				
(b) Cash on Hand at Begining of Reporting Period	104348.26					
(c) Total Receipts (from Line 19)	18050.00	31900.00				
(d) Subtotal (add lines 6(b) and						
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122398.26	222076.06				
. Total Disbursements (from Line 31)	15044.45	114722.25				
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	107353.81	107353.81				
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00					
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00					

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

For further information contact:

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

м м 0 5 0 1 м°м 0 5 3 1 2008 2008 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 18050.00 29850.00 (i) Itemized (use Schedule A) 0.00 2050.00 (ii) Unitemized (iii) TOTAL (add 18050.00 31900.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 18050.00 31900.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 18050.00 31900.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 18050.00 31900.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: Observed Endown (No. 2) Forders		- Caronan Four to Buto
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	200
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	44.45	222.25
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	44.45	222.25
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees	15000.00	114500.00
and Other Political Committees 4. Independent Expenditure	13000.00	114300.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	2.22	2.22
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15044.45	114722.25
. //		
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	15044.45	114722.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33.	Total Contributions (other than loans) from Line 11(d), page 3)	18050.00	31900.00				
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00				
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18050.00	31900.00				
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44.45	222.25				
87.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	44.45	222.25				

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to CA POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Abbott Mailing Address 2402 Burleigh City Yankton FEC ID number of contributing federal political committee. Name of Employer Ear Nose & Throat Associates Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M 29 2008 Transaction ID: SA11AI.5761 Amount of Each Receipt this Period 1000.00 Contribution
Full Name (Last, First, Middle Initial) Joseph Boudreau Mailing Address 2308 Burleigh City Yankton FEC ID number of contributing federal political committee. Name of Employer Yankton Urological Surgery Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Walter Carlson Mailing Address 810 East 23rd Street City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Orthopedic Institute Receipt For: Primary General Other (specify)	State Zip Code SD 57105 C Occupation Physician Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	·	4500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any peen name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy M. Dettmer Mailing Address 250 South Crescent I City Mason City FEC ID number of contributing federal political committee. Name of Employer Mason City Clinic Receipt For: Primary General Other (specify)	Orive State Zip Code IA 50402 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y 0 5
Full Name (Last, First, Middle Initial) Paula Hicks Mailing Address 2300 Burleigh Street City Yankton FEC ID number of contributing federal political committee. Name of Employer Wilcockson Eye Associates Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M 29 2008 Transaction ID: SA11AI.5765 Amount of Each Receipt this Period 1000.00 Contribution
Full Name (Last, First, Middle Initial) Daniel Johnson Mailing Address 136 Heritage Drive City Yankton FEC ID number of contributing federal political committee. Name of Employer Yankton Bone and Joint Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M D D 29 2008 Transaction ID: SA11AI.5766 Amount of Each Receipt this Period 1000.00 Contribution Contribution
SUBTOTAL of Receipts This Page (optional)		2250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	
Full Name (Last, First, Middle Initial) Donald Maschka Mailing Address 250 South Crescent City Mason City FEC ID number of contributing federal political committee. Name of Employer Mason City Clinic Receipt For: Primary General Other (specify)	State Zip Code IA 50402 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 902 Hillcrest Grand A City Yankton FEC ID number of contributing federal political committee. Name of Employer Yankton Surgical Associates Receipt For: Primary General Other (specify)	Venue State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Douglas Neilson Mailing Address 900 Karen Drive City Yankton FEC ID number of contributing federal political committee. Name of Employer Yankton Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERI	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Pine Creek Medical Center LLP Mailing Address 9032 Harry Hines Blv	rd.		Date of Receipt
City Dallas	State TX	Zip Code 75235	Transaction ID: SA11AI.5752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00 Partnership Contribution/
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	e Year-to-Date ▼ 5000.00	No Partner Reaches Itemization
Full Name (Last, First, Middle Initial) Eric J. Potthoff Mailing Address 250 South Crescent			Date of Receipt 0 5 2 9 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.5770
Mason City FEC ID number of contributing federal political committee.	C	50402	Amount of Each Receipt this Period 250.00
Name of Employer Mason City Clinic	Occupation Physicia		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Kevin Rier	1		Date of Receipt
Mailing Address 250 South Crescent			05 29 2008
City	State	Zip Code	Transaction ID: SA11AI.5771
Mason City FEC ID number of contributing federal political committee.	C	50402	Amount of Each Receipt this Period 1000.00
Name of Employer Mason City Clinic	Occupation Physicia		Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			6250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERIC		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Shindler Mailing Address 115 Broadway Suite 2 City Yankton FEC ID number of contributing federal political committee. Name of Employer Shindler Foot Clinic Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Don Swift Mailing Address 142 Katherine Way City Yankton FEC ID number of contributing federal political committee. Name of Employer Yankton Bone and Joint Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kynan Trail Mailing Address 105 Calumet Drive City Yankton FEC ID number of contributing federal political committee. Name of Employer Yankton Surgical Associates Receipt For: Primary General Other (specify)	State Zip Code SD 57078 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 17 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERI	CA POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) H. Randal Woodward Mailing Address 11819 Miracle Hills D	Prive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5775
<u>Omaha</u>	NE	68154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Nebraska Spine Center	Occupatio Physicia		Contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	•	18050.00

State:

A.

District:

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 12/17 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.5813 Wells Fargo Bank Date of Disbursement 1 2 0 5 2008 Mailing Address P.O. Box 5128 City State Zip Code Amount of Each Disbursement this Period Sioux Falls SD 57117-5128 38.50 Purpose of Disbursement Bank Fee Candidate Name Category/ Type Office Sought: Disbursement For: House Primary General Senate President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	38.50
TOTAL This Period (last page this line number only)	•	38.50

A.

В.

C.

SCHEDULE B (F	EC Form 3X)	Use sepa	arate schedule(s)			OR LIN		-	R:			P	AGE	13 /	17
ITEMIZED DISBU	IRSEMENTS	for each	category of the Summary Page		F	check o 21b 27	nly o	ne) 22 28a	X	23 28		24 28c		25 29	26 30b
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NAME OF COMMITTE	, ,														
PHYSICIAN HOSPI	TALS OF AMERICA I	POLITICAL	ACTION COM	1MIT	Π	ΈE									
Full Name (Last, First, BENNETT ELECTION	Middle Initial) DN COMMITTEE INC							Date	of D	isbu	ırser				V
Mailing Address 17	75 SOUTH WEST TE	MPLE SUIT	E 650					0 5	IVI	Ĺ	^D 1 (6 /	2	2 0 ŏ 8	<u> </u>
City SALT LAKE CITY		State UT	Zip Code 84101					Amou	ınt o	of Ea	ach [Disburse	emer	nt this F	Period
Purpose of Disburseme Contribution	ent			Γ	ů			L.					10	00.00	
Candidate Name ROBER F. BENNE	ГТ					egory/ ype									
X		sement For: X Primary Other (spe	2010 General												
State: UT Dist	rict:	(-													
Full Name (Last, First, CHARLES A. GON	Middle Initial) ZALEZ CONGRESSIO	ONAL CAM	PAIGN					Date		isbı	ırser	SB23 ment			Y
Mailing Address Po	O Box 12612							o ^M 5	IVI	Ĺ	0	ĭ ' L	2	2 o ŏ 8	
City San Antonio		State TX	Zip Code 78212					Amou	ınt o	of Ea	ach [Disburse			-
Purpose of Disburseme Contribution	ent				-			L.					10	00.00	
Candidate Name CHARLES A GONZ	ALEZ					egory/ ype									
	House Disburs Senate President	Primary Other (spe	2008 X General ecify) ▼												
	rict: 20														
Full Name (Last, First, CHARLES BOUST)	Middle Initial) ANY JR MD FOR CON	NGRESS IN	IC					Date	of D	isbu	ırser				
Mailing Address Po	ost Office Box 80126							0 ^M 5	М		1 (B / B	2	0 0 8	Y
City Lafayette		State LA	Zip Code 70598					Amou	ınt o	f Ea	ach [Disburse	emer	nt this F	Period
Purpose of Disburseme Contribution	ent								-				10	00.00	
Candidate Name Dr. Charles Boustar	<u>* : </u>					egory/ ype									
		sement For: K Primary Other (spe	2008 General												
SUBTOTAL of Disburser)				. •		*					30	00.00	
TOTAL This Period (last												-		-	
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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)		FOR LINE				P	PAGE 14/17			
Γ	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	_	23 28b	24 28c		25 29	26 30b
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam											•
	NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA P	OLITICAL ACTION COM	лмі ⁻	TTE	E							
A .	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS					Transaction ID: SB23.5809 Date of Disbursement						
	Mailing Address PO Box 442					0 5	M /	^D 1	6 /	ž (8 Ó C	Y
	City Allentown	State Zip Code PA 18105				Amou	int of	Each	Disburse			eriod
	Purpose of Disbursement Contribution			•			•			100	0.00	
	Candidate Name CHARLES W DENT		С	ateg Type								
	Senate President	ement For: 2008 Primary X General Other (specify)										
_ В.	State: PA District: 15 Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008							n ID:	SB23	.5800		
	Mailing Address 5915 EASTMAN AVE. SUITE 100						M /	D	6 /	ž (8 Ó C	Y
	City MIDLAND	State Zip Code MI 48640				Amou	int of	Each	Disburse	ement	this P	eriod
	Purpose of Disbursement Contribution									100	0.00	
	Candidate Name DAVID LEE CAMP		C	ateg	•							
	Office Sought: X House Senate President State: MI District: 04	ement For: 2008 Primary X General Other (specify)	•									
C.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH							burse		.5810		
	Mailing Address 228 S WASHINGTON STE 115					0 5	M /	^D 1	7 /	ž (8 Ó C	Y
	City ALEXANDRIA	State Zip Code VA 22314				Amou	int of	Each	Disburse			eriod
	Purpose of Disbursement Contribution					L.				100	0.00	
	Candidate Name GORDON HAROLD SMITH		С	ateg Type								
	χ Senate President	ement For: 2008 Primary X General Other (specify)										
Γ	State: OR District:							•	•	300	0 00	
	SUBTOTAL of Disbursements This Page (optional)					-	-	•	•	300	0.00	-
	FOTAL This Period (last page this line number only)			••••	•		-	-				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 2 28c 29 3				
Any Information copied from such Reports and Statement or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA PO	DLITICAL ACTION COM	1MITTEE						
Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.5811 Date of Disbursement							
Mailing Address 228 S WASHINGTON ST		05 / 17	2008					
,	State Zip Code VA 22314		Amount of Each Dis	bursement this Period				
Purpose of Disbursement Contribution				1000.00				
Candidate Name GORDON HAROLD SMITH	0000	Category/ Type						
Office Sought: House X Senate President Disburser	nent For: 2008 Primary X General Other (specify)							
State: OR District: Full Name (Last, First, Middle Initial) FRIENDS OF JIM MARSHALL			Transaction ID: S Date of Disburseme					
Mailing Address 586 Orange Street	Mailing Address 586 Orange Street							
•	State Zip Code GA 31201		Amount of Each Dis	bursement this Period				
Purpose of Disbursement Contribution				1000.00				
Candidate Name JIM MARSHALL		Category/ Type						
Office Sought: X House Senate President State: GA Disburser X	nent For: 2008 Primary General Other (specify)							
Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON	Transaction ID: S Date of Disburseme	nt						
Mailing Address P.O. Box 860096	05 16	2008						
	State Zip Code FX 75086		Amount of Each Dis	bursement this Period				
Purpose of Disbursement Contribution				1000.00				
Candidate Name SAMUEL R. JOHNSON		Category/ Type						
Office Sought: X House Senate President State: TX District: 03	nent For: 2008 Primary X General Other (specify)							
SUBTOTAL of Disbursements This Page (optional)				3000.00				
TOTAL This Period (last page this line number only).								

Transaction ID: SB23.5802 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributions. Transaction ID: SB23.5802 Date of Disbursement this Peric 2008 Sale of Disbursement (by 5 // 2008) Transaction ID: SB23.5808 Date of Disbursement (by 5 // 2008) Transaction ID: SB23.5808 Date of Disbursement (by 5 // 2008) Transaction ID: SB23.5808 Date of Disbursement (by 5 // 2008) Transaction ID: SB23.5808 Date of Disbursement (by 5 // 2008) Transaction ID: SB23.5808 Date of Disbursement (by 5 // 2008) Transaction ID: SB23.5808 Date of Disbursement (by 5 // 2008) Transaction ID: SB23.5	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS Malling Address 2345 Grand Suite 2400 City State Zip Code Kansas City MO 64108 Purpose of Disbursement Contribution Candidate Name President State: SC District: 05 City State Zip Code Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate Purpose of Disbursement Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate Purpose of Disbursement Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate X Primary General Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate President State: CA District: 41 Disbursement For: 2008 X Primary General Category Type Office Sought: X House Senate President Single	TEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25 2
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Contribution Candidate Name JOHN M SPRATT, Jr. Office Sought: X House Senate President State: SC District: 05 Full Name (Last, First, Middle Initial) LEWIS FOR CONGRESS COMMITTEE Mailing Address P.O. Box 247 City State Zip Code CA 92373 Purpose of Disbursement Contribution Candidate Name JERRY LEWIS Office Sought: X House Senate President State: CA District: 41 Disbursement For: 2008 X Primary General Disbursement Category/ Type Amount of Each Disbursement this Pericular Senate President X Primary General Other (specify) ▼ Other (specify) ▼ Category/ Type				Amount of Each Disbursement this Period
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 17/17
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
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NAME OF COMMITTEE (In Full) PHYSICIAN HOSPITALS OF AMERICA	N POLITICAL ACTION COM	IMITTEE	
Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH			Transaction ID: SB23.5787 Date of Disbursement
Mailing Address PO BOX 1940			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City ERIE	State Zip Code PA 16507		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			1000.00
Candidate Name PHILIP S. ENGLISH		Category/ Type	
Senate President	rrsement For: 2008 Primary X General Other (specify) ▼		
State: PA District: 03 Full Name (Last, First, Middle Initial) RESTORE AMERICA PAC INC.			Transaction ID: SB23.5786 Date of Disbursement
Mailing Address P.O. Box 12526			$\begin{bmatrix} \begin{smallmatrix} M \\ D & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ D & D \end{smallmatrix} \end{bmatrix} \times \begin{bmatrix} \begin{smallmatrix} Y \\ D & D \end{smallmatrix} \end{bmatrix} $
City Shawnee Mission	State Zip Code KS 66282		Amount of Each Disbursement this Period
Purpose of Disbursement		· · ·	1000.00
Candidate Name		Category/ Type	
Office Sought: House Disbution Senate President State: District:	ursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) UDALL FOR COLORADO			Transaction ID: SB23.5804 Date of Disbursement
Mailing Address PO BOX 40158			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City DENVER	State Zip Code CO 80204		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			1000.00
Candidate Name MARK E. UDALL		Category/ Type	
X Senate President	rrsement For: 2008 X Primary General Other (specify) ▼		
State: CO District:			2000
SUBTOTAL of Disbursements This Page (option	al)	>	3000.00
TOTAL This Period (last page this line number o	nly)		15000.00